

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on January 9, 2004.

I. DISPUTE

Whether there should be reimbursement for CPT codes 99244 and 73620 rendered on 8/6/03.

II. RATIONALE

Review of the requestor's request for reconsideration statement dated December 4, 2003 partially states, "...It was denied due tot [sic] the rationale of 'unrelated to the compensible [sic] injury'. ___ referred the patient to ___ to have him comment/dispute the peer review. I am enclosing supporting information plus clinicals from the visits with ___ opinion. Therefore we are asking for reconsideration on the payment of \$350.00 for services rendered...."

Review of the respondent's position statement dated January 29, 2004 states, "...attached is the TWCC-21 raising the liability dispute. In addition, the attached peer reviews indicate the treatment provided would not be medically necessary or related to the knee injury of ___. The review by ___ dated 3/25/03, states that the effects of the compensable injury resolved or reached a permanent plateau as of 7/11/02...."

Review of the requestors HCFA 1500 revealed that the requestor billed for ICD 9 code 928.20 (injury, crush, foot) and 733.90 (osteopenia bone cartil). The requestor has billed for the compensable injury. Therefore, the TWCC 21-raising the liability is not relevant to the disputed charges. The disputed charges will be reviewed according to the Medical Fee Guideline.

The letter requesting additional documentation was forwarded to the requestor on January 16, 2004. The requestor did not submit relevant information to support delivery of service. Therefore, reimbursement of the disputed charges is not recommended.

III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is not entitled to reimbursement for CPT codes 99244 and 73620.

The above Findings and Decision is hereby issued this 19th day of March 2004.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

MQO/mqo